



FAIRFAX COUNTY

DEPARTMENT OF PURCHASING & SUPPLY MANAGEMENT

12000 Government Center Parkway, Suite 427

Fairfax, Virginia 22035-0013

www.co.fairfax.va.us/dpsm

V I R G I N I A

Telephone: (703) 324-3201 Fax: (703) 324-3228 TTY 1-800-828-1140

Date: June 25, 2003

ADDENDUM NO. 3

TO ALL PROSPECTIVE OFFERORS:

SUBJECT: REQUEST FOR PROPOSAL RFP03-655236-16

FOR: Design & Implementation of the Institutional Network Architecture (I-Net)

DATE OF CLOSING: June 30, 2003

TIME OF CLOSING: 3:00 p.m.

The subject request for proposal is amended as follows:

1. The date and time have been **changed** from June 30, 2003 at 3:00 p.m. to July 14, 2003 at 3:00 p.m.
2. Enclosed are corrections/changes to the answers in Addendum No. 2

Q18

Can you provide an updated deployment timeline?

Bidder provides timeframe and approved by the INet Team. However, all County originated video must be 100% accepted and cutover by August 2005.

Q22

Page 22, Section 6.1 - Does the intended proposal include the transport equipment to light the dark fiber also? Hub-to-hub? And Hub-to-site?

Yes.

Q26

Please clarify whether County intends the term of the Contract to start on the award date or the in-service date.

The terms of the contract will start on the award date.

Q17

Does the County have a preference regarding the purchase of equipment for the MAN? Does the county plan to purchase their equipment directly, or is their preference to have the Offeror purchase equipment on their behalf?

Acquiring equipment will be based on best deal to the County. Refer to Section 3.5.

Q33

Does the County require video service to be on separate fibers from the WAN?

It will be up to the designing firm to provide the best solution for the INet.

3. The following are additional questions and answers received via e-mail:

Q1: Page 7, Section 2.7.2, Reference to Appendix F. Please clarify. Appendix F, Pricing Forms, does not appear to include forms for customer Base and references.

A1: *CORRECTION. Two new forms have been added to Appendix E for references and base customers.*

Q2: Page 10, Section 7. Please clarify where skill levels and hourly rates for personnel should be provided... Appendix D appears to be 'Services and Support'. Presuming this information is intended to appear in Appendix F, Pricing forms, please clarify where "capability statements for all levels of technicians being proposed" may be input in Appendix F. Appendix F only appears to require 'Personnel Title'.

A2: *ERROR. This should read Appendix F. A new form has been added to Appendix F for personnel listing.*

Q3: Page 11, Section 2.8.3, paragraphs A) through D). Please clarify how the information required here should be included in Appendix F. Specifically: For A), please clarify how offerors should itemize costs in Appendix F for labor and task pricing. Is the intention of the tables starting on page F-6 to provide firm fixed prices for each engineering and implementation task, or just labor categories and rates? How should the 'personnel level' column be filled out...is this for total labor hours required for each position?

A3: *A new form in Appendix F has been added for labor. Provide costs for all equipment and labor charges for design and implementation. The 'personnel level' is a ranking within each offerors company.*

Q4: For B), where do price breakdowns/totals for services separately, as well as totals, go in Appendix F? It does not appear there is a summary sheet and there are not total rows or columns.

A4: *The forms in Appendix F have been altered to reflect column and row totals.*

Q5: For C), where should travel and per diem costs be included in Appendix F? It does not appear there is a designated place for them.

A5: *A new form has been added to Appendix F for travel expenses.*

Q6: For D), where should 'other' expenses be included in Appendix F?

A6: *A new form has been added to Appendix F for other expenses.*

Q7: For E), how should direct purchase vs. lease options be differentiated in our submittal using the tables in Appendix F?

A7: *New forms have been added to Appendix F for lease and direct purchase options.*

Q8: Section 6.7. Can FCDIT clarify the statement "concurrent ATM and Gigabit Ethernet on the network backbone?" (e.g., Is concurrent support in the backbone routers/switches what was intended, or is there to be concurrent GE and ATM on the network backbone fibers?)

A8: *At the present time, the County's LAN's and WAN run over GigE and ATM. The INet must support these technologies for sites that are not directly connected to the INet.*

- Q9: Referring to Appendix I, page I-1; Definition: Classes of Environments.
1a-What is meant by the definitions? Are the referenced nodes connected to each other by the noted OC-n rate?
1b-Or are the Nodes the end points of extensions from Hub or larger Nodes by the OC-n?
1c-Or are the noted OC-n rates extensions out to the end user site(s)?

A9: Definitions describe the type and size of each County site. All sites are laid out in a star topology from a backbone ring connecting 12 hubs. The OC-n rates refer to connectivity back to one of 12 hub sites for the ATM WAN.

- Q10: Referring to Appendix I, page I-3; Production
2a - Are the dates for the Phases still relevant?
2b - Phase 1 is dated 2002. Is this already in and active, or has it been delayed?

A10: The dates are relevant and phase 1 is in place.

- Q11: Referring to Section 2. [2.8.2] Proposal Format: Please confirm that the Appendix referenced in Sections 6 and 7 should be Appendix F instead of Appendix D as indicated.

A11: Error. In Section 6, it should read Appendix F.

- Q12: Referring to Section 5. [5.4] Can Fairfax County Government provide the current traffic pattern and demand between nodes?

A12: Yes, but this information is not necessary at this time. Detailed network information will be given to the winning bidder.

4. Attached are the corrected Appendices. Please replace the forms in the original solicitation.
5. All other terms and conditions remain unchanged.



for: Cathy A. Muse, CPPO
Director/County Purchasing Agent

THIS ADDENDUM IS ACKNOWLEDGED AND IS CONSIDERED A PART OF THE SUBJECT REQUEST FOR PROPOSAL:

Signature

Date

Name of Firm

A SIGNED COPY MUST BE RETURNED PRIOR TO DATE/TIME OF CLOSING OR MUST ACCOMPANY PROPOSAL.

APPENDIX B

Bid Signature Cover Letter

**Fairfax County
Proposal Signature Cover Letter**

Proposal of: _____ **Contract Number:** _____

By signing this Proposal, the Bidder understands and agrees to the attached Terms, Conditions and Specifications, including Paragraph 2.4.8 of the Standard Terms and Conditions entitled "STATEMENT OF NON-COLLUSION".

PROPOSAL MUST BE SUBMITTED WITH THIS FORM ONLY (6 SETS)

STATE YOUR FIRM'S FULL LEGAL NAME:

(This information is for preparation of contract forms if award is made to your firm.)

SIGNATURE: _____

NAME: _____
(Please type name of contact person for contracts.)

INCORPORATED IN THE STATE OF: _____

Payment should be made to:

NAME: _____
(If different from above)

ADDRESS: _____

CITY, STATE, ZIP: _____

FEDERAL IDENTIFICATION
OR SOCIAL SECURITY NO: _____
(Necessary before payment can be made.)

(Duplicate as Necessary)

**Fairfax County
Proposal Signature Cover Letter**

Proposal of: _____

Contract Number: _____

MISCELLANEOUS BID REQUIREMENTS

Discount for payment within twenty (20) days? _____%

Amount of additional discount if requirement for a performance
Bond is waived. _____%

Bidder's maximum increase in price/year (effective upon
renewal only). (See Section 3.7) _____%

Bidders Point of Contact:

Name: _____

Phone: _____

If workforce does not exceed twenty (20) full-time employees, COMPLETE ONLY "VENDOR
DECLARATION OF ELIGIBILITY FOR EXEMPTION BASED ON WORKFORCE OF 20 OR
FEWER EMPLOYEES" found attached to the bid document.

Return form with your proposal. Yes_____ No_____

Have you submitted a complete proposal? **(6 copies)** Yes_____ No_____

**Fairfax County
Pricing Form**

Proposal of: _____

Contract Number: _____

Personnel Listing

In accordance with Section 2 of the base RFP, Instructions To Bidders, please provide the following information for all employees that will be assigned, either part-time or full-time, to the project. It is essential that all qualifications are listed for each assigned employee for proof knowledge base and experience within the selected vendor's company. It is the expectation that the selected personnel will be available and on site within 10 calendar days from the date of the signed Statement of Work detailing the phases to be completed.

Employee Name: _____

Title: _____

Experience:

Years w/ Company _____ **Total Years
in Tech Industry** _____

Education:

Degree(s):		Field of Study:	Graduation:
Associates	<input type="checkbox"/>	_____	_____
Bachelors	<input type="checkbox"/>	_____	_____
Masters	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____

Certifications:

Title:	Date Received:
_____	_____
_____	_____
_____	_____
_____	_____

(Provide Attachments for Additional Information)
(Duplicate as Necessary)

Fairfax County Pricing Form (Direct Purchase)

1. Operational Network Equipment

Device Type	Manufacturer	Model	MTBF	Cost per Unit					Warrantee Period	Annual Maint.	Sub Totals	Remarks
				1-4	% Disc.	4-10	% Disc.	>10				
										TOTAL		

Fairfax County Pricing Form (Lease/Year)

1. Operational Network Equipment

Device Type	Manufacturer	Model	MTBF	Cost per Unit					Warrantee Period	Annual Maint.	Sub Totals	Remarks
				1-4	% Disc.	4-10	% Disc.	>10				
										TOTAL		

Fairfax County Pricing Form (Direct Purchase)

1. Test Lab Equipment (Optional)

Device Type	Manufacturer	Model	MTBF	Cost per Unit					Warrantee Period	Annual Maint.	Sub Totals	Remarks
				1-4	% Disc.	4-10	% Disc.	>10				
										TOTAL		

Fairfax County Pricing Form (Lease/Year)

1. Test Lab Equipment (Optional)

Device Type	Manufacturer	Model	MTBF	Cost per Unit					Warrantee Period	Annual Maint.	Sub Totals	Remarks
				1-4	% Disc.	4-10	% Disc.	>10				
										TOTAL		

Fairfax County Pricing Form

1. Travel/Per Diem/Subsistence

[illegible]

Fairfax County Pricing Form (Direct Purchase)

1. Other Expenses (When Applicable)

Device Type	Mfr	Model	MTBF	Cost per Unit					Warrantee Period	Annual Maint.	Sub Totals	Remarks
				1-4	% Disc.	4-10	% Disc.	>10				
										TOTAL		

Device Type	Manufacturer	Model	MTBF	Cost per Unit					Warrantee Period	Annual Maint.	Sub Totals	Remarks
				1-4	% Disc.	4-10	% Disc.	>10				
										TOTAL		

References

Provide a minimum of five references that the offeror has provided network design services.
(Copy sheet if necessary)

Company	Point of Contact/ Title/Phone No.	Address	System Installed	Equipment	Remarks

Company	Point of Contact/ Title/Phone No.	Address	System Installed	Equipment	Remarks

Company	Point of Contact/ Title/Phone No.	Address	System Installed	Equipment	Remarks

References

Company	Point of Contact/ Title/Phone No.	Address	System Installed	Equipment	Remarks

Company	Point of Contact/ Title/Phone No.	Address	System Installed	Equipment	Remarks

Company	Point of Contact/ Title/Phone No.	Address	System Installed	Equipment	Remarks

Customer Base

Supply list of businesses that the offeror has an ongoing service and/or design relationship.
(Copy sheet if necessary)

[illegible]